

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33998

STATE FILE NUMBER

8600

FILED SEP 23 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR St. Louis TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR DOA Deaconess INSTITUTION				Length of stay in lb 47 yrs.		d. STREET ADDRESS 5912 Bartmer (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle Last PRELUTSKY				4. DATE OF DEATH Month Sept Day 12 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 18, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance		10b. KIND OF BUSINESS OR INDUSTRY Agent		11. BIRTHPLACE (City and state or country) USSR		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
13. FATHER'S NAME Louis Prelutsky				14. MOTHER'S MAIDEN NAME (unk)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. 488-05-6613		17. INFORMANT Abbert Prelutsky 1149 Kingsland Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-sclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.0						INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 43	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.				20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Sept. 26/1957 to Sept. 12, 1957 and last saw him alive on Aug 13/1957 Death occurred at LOP m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Dr. E. J. Williamson M.D. 22b. ADDRESS 6336 Clayton Road 22c. DATE SIGNED 9/13/57			
23a. BURIAL, CREATION, REMOVAL (Specify) Rem.		23b. DATE 9/15/57		23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol		23d. LOCATION (City, town, or county) (State) Ladue, Mo.	
24. FUNERAL DIRECTOR Berger Memorial 471 5 McPherson				25. DATE RECD. BY LOCAL REG. SEP 13 57		26. REGISTRAR'S SIGNATURE Earl Smith mo m 88	

St. Louis
 47 Ave. 11
 1913
 Robert
 White
 Insurance
 Agent
 (Miss)
 Louis Prelutsky
 488-05-6013
 Albert Prelutsky 1119 King-Jens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
 by me, or by Student Embalmer No.
 working under my personal supervision..

Student
 Signature of Student Embalmer

Signed *John G. Indura*
 Licensed Embalmer No. 7. E.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ()
 to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.